



**Merced County Sheriff's Office
Coroner Division**

455 East 13th Street
Merced, CA 95341-6213

Vernon H. Warnke
Sheriff-Coroner

Mark A. Super, MD
Forensic Pathologist

REPORT OF AUTOPSY

AUTOPSY ☒

EXTERNAL EXAMINATION ☐

DECEDENT: BONILLA, AARON JOSEPH

CORONER CASE #: 17 - 29339

DATE/TIME OF DEATH: 06/25/2017 @ 07:50

INVESTIGATOR: L. Ruscoe

DATE OF EXAMINATION: 07/05/2017

TIME OF EXAM: 09:45

AGE: 40

SEX: Male

HEIGHT: 69 in.

WEIGHT: 130 lb.

AUTOPSY FINDINGS

1. Anoxic-ischemic encephalopathy, healed
 - a. Mildly swollen and softened brain (1210 grams).
 - b. Histologic cerebral changes of anoxic-ischemia.
2. Bilateral hypostatic acute bronchopneumonia, especially LLL
 - a. Heavy, congested, and edematous lungs (right - 600 grams, left - 620 grams).
3. Generalized visceral congestion.
4. Healing blunt impact injuries:
 - a. Small peri-orbital and nasal lacerations.
 - b. Fracture of nasal bones.
 - c. Lacerations of lips.
 - d. Lacerations of both sides of the jaw.
 - e. Tiny abrasion of left forearm.
 - f. Small excoriation of right fingers.

CAUSE OF DEATH: Anoxic - ischemic encephalopathy.

DUE TO: Blunt impact head injuries.

Date

11-9-17

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WITNESS:

Detective Sgt. C. Hale, Merced Co. S.O.
Detectives S. Becerra and B. Nobari, Merced Co. S.O.
Deputy Coroner H. Xavier, Merced Co. S.O.

AUTOPSY ASSISTANT:

Deputy Coroner H. Xavier.

IDENTIFICATION:

The body is received in a white plastic body bag locked with coroner's seal #0002670. Inside the body bag, the body is further wrapped in white sheeting. The subject's name is written on the outside of the sheeting in black marker ink. A white terry cloth towel is wrapped around the neck. There is also a Styrofoam block next to the head covered by sheeting. The body is further wrapped in a white fitted sheet. There is also a white sheet on top of the body. A white ID bracelet encircles the left wrist, labeled with the subject's name.

Photographs will be taken of the decedent and fingerprints will be obtained.

CLOTHING:

The body is clothed only in a blue hospital gown that is clean. A pink rose is in the decedent's hand. The body also has a disposable adult diaper in place. This is only faintly fecal and urine stained.

EXTERNAL EXAMINATION

The essentially unclothed, unembalmed body is that of a normally developed, thin but adequately nourished, Hispanic male who appears consistent with reported age of 40 years. The body measures 69 inches long and weighs 130 pounds, after removal of the sheets, hospital gown and diaper. Rigor mortis is fully developed in the cold body, but able to be overcome with mild effort is in the arms and jaw. Lividity is posterior except over pressure points. Mottled postmortem green discoloration involves the anterior torso, sides of the chest, and both sides of the lower abdomen. Early venous marbling is evident in the left upper arm.

The scalp hair is black with a few admixed strands of gray, straight, and averages approximately 2-3 cm long, with moderate frontal balding. Facial hair consists of a trimmed black mustache and a short growth of dark whiskers. There is periorbital red-purple ecchymosis without swelling. On the skin over the superior-lateral right orbit is a 1.5 cm long, thin, nearly healed laceration with an adjacent healing superficial laceration. Along the superior border of the left orbit is a 1.5cm long, healing superficial laceration. On the bridge of the nose is a 1.5 cm long, vertical healing laceration with residual crust. Lateral to the left eyebrow is a horizontal 1.5 cm long healed scar. The ears, nose and mouth are free of foreign material. The nasal skeleton and facial bones are palpably intact. The lips do not show recent injury. However, on the inner surface of the upper lip on the right are 2 healing superficial lacerations, up to 0.3 cm. On the inner surface of the lower lip to the right of midline is a healing stellate laceration, 0.7 cm in greatest dimension. The frenula are intact. The teeth are natural and in fair condition. The ears are uninjured. Along the right jaw line is a linear healing, apparent laceration or incised wound, 6 cm long. On the left jaw line, anteriorly near the chin is another healing superficial laceration, 2.5 cm long, focally covered by residual crust.

The neck is stable and symmetric. On the anterior mid-neck is a vertical healing incised wound, 2 cm long, with cross hatches and focal residual crust. On the right anterior neck, near midline is a 2 cm faint red apparent contusion. On the lower right anterior neck is an ovoid red-purple apparent contusion, 2 cm in greatest dimension.

The chest is stable and symmetric. No palpable subcutaneous emphysema. On the left pectoral area is a tattoo of the name JORDAN. The abdomen is scaphoid and soft. No abdominal surgical scars. On the left lateral abdomen is an apparent needle puncture wound with surrounding ecchymosis. A rectangular deposit of a residual adhesive material is on the anterior lower right chest. The external genitalia are those of an uncircumcised adult male with bilaterally descended testes. No evidence of recent or healing injury to the genitalia.

The extremities are symmetric, without angularity or deformity. The fingernails are essentially uninjured extending slightly beyond the fingertips. The nail beds are cyanotic. The right middle fingernail is slightly cracked. No clubbing of the digits. No hesitation type scars on the wrists. The skin on the palms has sloughed keratotic debris, consistent with a prolonged coma. On skin over the lateral proximal IP joints of the right middle and index fingers are healing excoriations,

up to 1 cm. No needle tracks. On the lateral right antecubital fossa is a 1 cm remote scar. On the lateral right upper arm is a monochromatic tattoo of a demonic joker. A punctate crust covers a healing tiny abrasion on the dorsal left forearm. Another cluster of similar healing tiny abrasions is on the ventral left forearm, 2.5 x 1 cm in area. The legs show no evidence of peripheral edema. The toenails are not dystrophic. There is non-descript scarring on the knees.

The posterior torso and anus are unremarkable.

INTERNAL EXAMINATION

HEAD:

The scalp is reflected after making the usual intermastoid incision and reveals bifrontal, left parietal and right lateral occipital subscalpular hemorrhages. There is hemorrhage into both temporalis muscles. The calvarium is intact. No epidural or subdural hemorrhage. Faint golden yellow-brown discoloration involves the undersurface of the dura over the convexities on the left without a frank subdural neomembrane. The brain weighs 1210 grams and is of the usual configuration covered by congested, but glistening and transparent leptomeninges with clear cerebrospinal fluid. The brain appears only mildly swollen with slightly flattened gyri and narrowed sulci, especially on the right. No mid-line shift. No coning or herniation. The vessels at the base of the brain pursue their usual anatomic courses and are patent throughout, without significant atherosclerosis, thrombosis or aneurysms. Recent or remote traumatic lesions are not noted on external examination in the fresh state. The brain is placed in formalin for later sectioning after fixation. The bones at the base of the skull are without evidence of fracture. The skin around the orbits and nose is reflected showing a fracture of the nasal skeleton. The orbital rims are all intact. The inner surfaces of the orbits are not able to be adequately evaluated. The atlanto-occipital membrane is intact.

NECK:

The hyoid bone and laryngeal cartilages are intact, with immobile joints. The larynx and trachea are unobstructed and lined by autolyzed, gray-green mucosa. No laryngeal mucosal edema. No anterior cervical soft tissue hemorrhage. The cervical spine is intact. No anterior prevertebral fascia hemorrhage. The back of the neck is dissected revealing no superficial or deep paracervical soft tissue hemorrhages. The posterior lamina of C1 and C2 and the spinous process of C2 are intact.

BODY CAVITIES:

The body cavities are entered in the usual manner. Testing for free air in the pleural cavities is negative. All cavities are free of excess or abnormal fluid accumulations or adhesions, except for a few scattered adhesions of viscera with the anterior abdominal wall. The organs are in their usual anatomic locations. The lungs are expanded. Serosal surfaces are generally smooth and glistening.

CARDIOVASCULAR SYSTEM:

The heart weighs 310 grams and is of the usual configuration covered by smooth glistening epicardium. No epicardial petechiae. Serial sections show softened, red-brown fibrillar myocardium without recent or remote infarcts. The heart walls are not thickened. The chambers are dilated. The endocardium is hemolytic-stained, but thin and translucent. The heart valves are normally formed, pliable and intact. No vegetations. The coronary ostia are in their usual locations and are patent. The coronary circulation is right dominant. The coronary arteries are free of atherosclerosis and are patent throughout, without thrombosis. The aorta is intact and exhibits minimal atherosclerosis. No complicated plaques or aneurysms. The heart and great vessels contain sluggish fluid blood.

RESPIRATORY SYSTEM:

The lung weights are: Right – 600 grams; Left – 620 grams. The pleural surfaces are smooth and glistening, and the lungs exhibit the usual lobation with mild anthracotic pigmentation. There is bilateral dependent congestion and mild dependent atelectasis. Sections reveal pneumonic consolidation in the dependent posterior portions of the RLL and LLL, with grossly identifiable abscesses on the left. Otherwise, sections show moderately congested and hemolytic-stained, red-brown cut surfaces that ooze a moderate amount of hemolytic-stained fluid. No pleural lacerations or contusions. The tracheobronchial tree is unobstructed and without mass lesions.

LIVER AND PANCREAS:

The liver weighs 1500 grams and is covered by a smooth intact capsular surface with sharp anterior margins. Sections show softened, red-brown cut surfaces that display the usual lobular architecture. No focal intraparenchymal lesions. I can easily pass my thumb through 2 cm thick sections. The gallbladder contains approximately 15 ml of thin green-brown

bile and the gallbladder mucosa exhibits prominent cholesterosis change (strawberry gallbladder). The bile passages appear patent. No stones. No portal lymphadenopathy. The pancreas exhibits lace-like postmortem fat necrosis, but is free of antemortem fat necrosis, fibrosis or hemorrhage.

GASTROINTESTINAL SYSTEM:

The tongue is without evident injury. The pharynx is unobstructed. The esophagus is intact and lined by mildly autolyzed, pale red-purple mucosa. No ulcers or masses. The stomach contains 50 ml of motor oil-like, dark red-purple mucoid fluid with admixed coffee grounds-like material. No identifiable food fragments, pill material or peculiar scent. The gastric mucosa is mildly autolyzed but intact, without ulcers or masses. There are no mucosal hemorrhagic erosions. The pylorus is patent. The proximal duodenum is free of ulcers. The remainder of the small and large bowels are without evident mucosal abnormalities. The colon contains clumps of hard green-brown and focally gray-white feces. The colon is free of blood. No colonic mucosal lesions. The appendix is present.

SPLEEN AND LYMPH NODES:

The spleen weighs 140 grams and is covered by an intact blue-gray capsule. Sections show softened red-brown parenchyma without focal lesions. No enlargement of mediastinal, lung hilar, mesenteric or para-aortic lymph nodes.

ENDOCRINE SYSTEM:

The adrenal glands have the usual thin golden-yellow cortices surrounding thin red medullary centers. No cortical masses or medullary hemorrhages. The thyroid gland is of the usual size, shape and consistency. No thyroid cysts or masses. The pituitary gland is unremarkable.

UROGENITAL SYSTEM:

The kidneys are of similar size and shape, each weighing 160 grams. The capsules strip with ease to reveal smooth cortical surfaces. Sections show softened, pale red-brown parenchyma without focal lesions. There is uniform cortical thickness with blurred cortico-medullary junctions. The calices, pelves and ureters are unremarkable. The bladder contains 40 ml of slightly blood-tinged, straw-colored urine. The bladder mucosa is unremarkable. The prostate gland is not enlarged.

MUSCULOSKELETAL SYSTEM:

The red-brown muscle is softened, but without focal lesions. No large extra-thoracic hematomas. No visible or palpable fractures of the bony thorax, vertebral column, pelvis or long bones of the extremities. The abdominal fat averages 2 cm in thickness.

BRAIN AFTER FIXATION: 08/11/2017 @ 10:15

The weight of the fixed brain is 1220. The brain is of the usual configuration covered by glistening transparent leptomeninges. The vessels at the base of the brain pursue their usual anatomic courses and are patent throughout, without significant atherosclerosis, thrombosis, or aneurysms. The brain is not swollen. No evidence of coning or herniation. The cerebellar tonsils and the unci are not significantly grooved. Recent or remote traumatic lesions or other abnormalities are not noted on serial coronal sectioning in the fixed state. No intracerebral hemorrhages, masses, or abscesses. Fixation is less than adequate with central areas of pink discoloration and softening. Five cassettes are submitted containing representative sections of brain.

END: 11:00.

TOXICOLOGY:

Samples of peripheral blood, vitreous humor, urine, and liver are retained.

HISTOLOGY:

Sections of heart, both lungs, liver, kidney, pancreas, trachea, and thyroid gland are submitted.

PHOTOGRAPHS:

Digital photographs are obtained of external and some internal findings.

X-RAYS:

None.

EVIDENCE:

A DNA blood spot card is obtained.

END: 12:00.

MAS/mg

MICROSCOPIC DESCRIPTION:

Heart: Advanced autolysis with early putrefaction. No evidence of acute ischemic necrosis or myocarditis. No endocarditis.

Lung: Sections of LUL and right lung show autolysis with early putrefaction, and atelectasis alternating with areas of alveolar over-distention. Patchy acute bronchopneumonia centered around large airways. Vascular congestion and edema. A section of The LLL show diffuse consolidation by acute purulent bronchopneumonia with abscess formation. A section of a large bronchus shows sloughed surface epithelium. No significant inflammation.

Liver: Advanced autolysis with early putrefaction. Mild chronic portal inflammation. Portal fibrosis not significantly increased.

Kidney: Advanced autolysis with early putrefaction. No significant antemortem histopathology.

Pancreas: Advanced autolysis with early putrefaction. No significant antemortem histopathology.

Thyroid: Autolysis. Mildly increased fibrosis. Focal mild interstitial chronic inflammation.

CNS: Mild autolysis with postmortem overgrowth by bacteria. Vascular congestion. Pigment-laden macrophages are easy to find in meninges. Patchy area of mid-brain shows large areas where only shrunken eosinophilic neurons are found. One section of Ammon's horn shows shrunken hypereosinophilic neurons.



Case Report

Summary

Print Date/Time: 05/07/2019 11:44
Login ID: colsh0343
Case Number: 2017-00029339

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Case

Case Number:	2017-00029339	Incident Type:	SC1144
Location:	2201 EUCLID AVE	Occurred From:	06/25/2017 07:50
	HUGHSON, CA 95326	Occurred Thru:	06/25/2017 07:50
Reporting Officer ID:	SH0301 - RUSCOE	Disposition:	NO FOLLOW UP
		Disposition Date:	06/26/2017
		Reported Date:	06/26/2017 09:35 Monday

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
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Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
DECEASED	1	BONILLA, AARON JOSEPH	TRANSIENT LOS BANOS, CA 93635		WHITE	MALE	01/20/1986 31
NEXT OF KIN	1	BONILLA, ELIZABETH	[REDACTED] RENO, NV 89512	[REDACTED]			
OTHER	1	BONILLA, TAMARA	[REDACTED] LOS BANOS, CA 93635	[REDACTED]			

Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
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Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
03/14/2018	EVIDENCE	MISCELLANEOU S			CD AUTOPSY PHOTOS	58658	1
08/11/2017	EVIDENCE	MISCELLANEOU S			CASSETTES F-J (5)	53956	1
07/05/2017	EVIDENCE	MISCELLANEOU S			CASSETTES A-E (5)	52562	1
07/05/2017	EVIDENCE	MISCELLANEOU S			BRAIN	52559	1
06/26/2017	EVIDENCE	MISCELLANEOU S			TISSUE	52243	1
06/26/2017	EVIDENCE	MISCELLANEOU S			DNA CARD	52242	1
06/26/2017	EVIDENCE	MISCELLANEOU S			TOXICOLOGY	52241	1
06/26/2017	CORONER	DECEDENT			BONILLA,AARON 1/20/86	52235	1



Case Report

Summary

Print Date/Time: 05/07/2019 11:44
Login ID: colsh0343
Case Number: 2017-00029339

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Chain of Custody

Date	Transaction	From	From Role	To	To Role
03/14/2018 15:00	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0291-JOHN ARGUELLES 58658		SH0291-JOHN ARGUELLES	
03/16/2018 10:51	Type: Release Code: CORONER REL TO INV AGENCY Tag Number: Expected Return Date: Remarks:	SH0291-JOHN ARGUELLES 58658		BONILLA, MCSO	

Chain of Custody

Date	Transaction	From	From Role	To	To Role
08/11/2017 10:39	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0377-MARK SUPER 53956		SH0565-HANNAH XAVIER	
08/21/2017 15:57	Type: Release Code: SENT TO PATH LAB Tag Number: Expected Return Date: Remarks:	SH0522-HEATHER MARCHANT 53956		MERCED PATHOLOGY A DIVISION OF YPMG	

Chain of Custody

Date	Transaction	From	From Role	To	To Role
07/05/2017 12:08	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0377-MARK SUPER 52562		SH0565-HANNAH XAVIER	
07/18/2017 09:47	Type: Release Code: SENT TO PATH LAB Tag Number: Expected Return Date: Remarks:	SH0301-LAURA RUSCOE 52562		MERCED PATHOLOGY A DIVISION OF YPMG	

Chain of Custody

Date	Transaction	From	From Role	To	To Role
07/05/2017 11:27	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0377-MARK SUPER 52559		SH0565-HANNAH XAVIER	

Chain of Custody

Date	Transaction	From	From Role	To	To Role
06/26/2017 15:02	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0377-MARK SUPER 52243		SH0301-LAURA RUSCOE	



Case Report

Summary

Print Date/Time: 05/07/2019 11:44
Login ID: colsh0343
Case Number: 2017-00029339

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Chain of Custody

Date	Transaction	From	From Role	To	To Role
06/26/2017 15:02	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0377-MARK SUPER 52242		SH0301-LAURA RUSCOE	

Chain of Custody

Date	Transaction	From	From Role	To	To Role
06/26/2017 15:02	Type: Intake Code: INITIAL Tag Number: Remarks:	SH0377-MARK SUPER 52241		SH0301-LAURA RUSCOE	

Chain of Custody

Date	Transaction	From	From Role	To	To Role
06/26/2017 10:50	Type: Intake Code: INITIAL Tag Number: Remarks:	WHITTON FAMILY FUNERAL SERVICE 52235		SH0295-MARK MORTON	
07/05/2017 09:38	Type: Release Code: AUTOPSY Tag Number: Expected Return Date: Remarks:	SH0565-HANNAH XAVIER 52235		SH0377-MARK SUPER	
07/05/2017 12:26	Type: Intake Code: AUTOPSY Tag Number: Remarks:	SH0377-MARK SUPER 52235		SH0565-HANNAH XAVIER	
07/05/2017 15:25	Type: Release Code: CORONER REL TO FH Tag Number: Expected Return Date: Remarks:	SH0390 -NICHOLAS NAKAMURA 52235		WHITTON FAMILY FUNERAL SERVICE	

Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
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CORONER REPORT

REPORTABLE CRITERIA:

DEATH IS THE RESULT OF AN ASSAULT

DATE/TIME REPORTED:

06/26/2017 @ 0930 HOURS

INVESTIGATING AGENCY:

MERCED COUNTY SHERIFF'S OFFICE. DETECTIVE SILVA IS THE LEAD INVESTIGATOR. FOR MORE INFORMATION ON THEIR INVESTIGATION REFER TO PC187 (A) CASE NUMBER 17-26953.

NARRATIVE:

ON 06/26/2017 I WAS CONTACTED BY THE STANISLAUS COUNTY SHERIFF'S OFFICE REGARDING A REPORTABLE CORONER CASE THAT WAS REFERRED TO THEIR OFFICE. THE DECEDENT IS AARON BONILLA DOB: 01/20/1986. THE DEATH WAS REPORTED TO THEM BY COMMUNITY HOSPICE VIA PAPERWORK ON 06/25/2017. THEY CONTACTED OUR OFFICE BECAUSE IT STATED THAT HE WAS AN INMATE AT THE MERCED COUNTY JAIL AND HE WAS ASSAULTED WHILE IN CUSTODY. SGT. LEDFORD CONTACTED SGT. HALE TO NOTIFY HIM OF THE DEATH. WE ASKED STANISLAUS COUNTY FOR A TRANSFER OF JURISDICTION FOR THE CASE. THE PAPERWORK IS IN THE DOCUMENTS SECTION OF THIS CASE FILE. THE HOSPICE AGENCY SENT HIM DIRECTLY TO THE FUNERAL HOME OF THE FAMILIES CHOICE. HE WAS LOCATED AT WHITTON FAMILY FUNERAL CHAPEL IN MERCED. DEPUTY CORONER MORTON TRANSPORTED HIM TO THE CORONER'S OFFICE.

DETECTIVE HALE PROVIDED THE FOLLOWING INFORMATION: THE DECEDENT WAS INCARCERATED IN THE MERCED COUNTY JAIL. ON 06/11/2017, ONE OF THE DECEDENT'S CELL MATES RECEIVED A NOTE FROM AN ADJACENT CELL. AFTER READING THE NOTE, TWO CELL MATES ENGAGED THE DECEDENT IN CONVERSATION. ONE OF THE CELL MATES HIT THE DECEDENT ON THE FACE. THEN, HE AND ANOTHER INMATE BEGAN BEATING THE DECEDENT FOR APPROXIMATELY 11 MINUTES. THE MOTIVATION BEHIND THE BEATING WAS THAT THE DECEDENT REPORTEDLY HAD STOLEN DRUGS. HE WAS AIRLIFTED TO MEMORIAL MEDICAL CENTER IN MODESTO. HE HAD SEVERE TRAUMA TO HIS HEAD AND NECK.

THE DECEDENT WAS ADMITTED TO MEMORIAL MEDICAL CENTER ON 06/11/2017 WITH TRAUMA NAME FOUR ROMEO. HE WAS ADMITTED WITH ALTERED LEVEL OF CONSCIOUSNESS, HYPOXIA, RESPIRATORY FAILURE, MULTIPLE NASAL, FACIAL, AND JAW FRACTURES, FACIAL SWELLING, AND INTRACEREBRAL HEMORRHAGE. THERE WAS ALSO MENTION OF LACERATIONS FROM A STAB WOUND. HE WAS INTUBATED AND DIDN'T REGAIN CONSCIOUSNESS WHILE IN THE HOSPITAL. HE HAD A POOR PROGNOSIS BY DOCTOR'S AND HIS CONDITION WAS NOT IMPROVING. FAMILY DECIDED TO WITHDRAW CARE AND PUT HIM ON HOSPICE. HE WAS DISCHARGED FROM THE HOSPITAL ON 06/23/2017 AND WAS TRANSFERRED TO ALEXANDER COHEN HOSPICE HOUSE AND WAS PLACED UNDER HOSPICE CARE WITH COMMUNITY HOSPICE IN HUGHSON, CA. HE DIED UNDER HOSPICE CARE ON 06/25/2017 AT 0750 HOURS. THE HOSPICE AGENCY RELEASED HIM DIRECTLY TO WHITTON FAMILY FUNERAL CHAPEL AT THE REQUEST OF HIS SISTER.

THE DECEDENT'S NEXT OF KIN IS HIS MOTHER ELIZABETH BONILLA.

CERTIFYING CAUSE OF DEATH:

DR. SUPER

CAUSE OF DEATH:

ANOXIC-ISCHEMIC ENCEPHALOPATHY-WEEKS, BLUNT IMPACT HEAD INJURIES-WEEKS. THE MANNER OF DEATH WAS RULED AS HOMICIDE.

FURTHER ACTION TAKEN:

MEDICAL RECORDS OBTAINED AND REVIEWED. X-RAYS PERFORMED ON 07/05/2017 AT 0930 HOURS. AN AUTOPSY WAS PERFORMED AT THE CORONER DIVISION BY DR. SUPER ON 07/05/2017 AT 0945 HOURS. THE DECEDENT WAS RELEASED TO WHITTON FAMILY FUNERAL HOME AT THE REQUEST OF HIS MOTHER.

ON 07/05/2017, I CONTACTED THE DECEDENT'S MOTHER ELIZABETH BONILLA TO INFORM HER THAT WE HAD RETAINED THE DECEDENT'S BRAIN FOR FURTHER EXAMINATION PER DR. SUPER. WE NEEDED TO KNOW HOW SHE WOULD LIKE THE BRAIN DISPOSED OF AFTER WE WERE DONE. SHE DIDN'T RETURN MY PHONE CALL. I CONTACTED WHITTON FAMILY FUNERAL CHAPEL TO ADVISE THEM AND ASK ABOUT THE MOTHER. THEY STATED THEY HAD BEEN DEALING WITH THE DECEDENT'S SISTER TAMARA BONILLA AND THAT SHE WAS THE ONE MAKING THE ARRANGEMENTS AND DOING ALL OF THE FINAL DISPOSITION ARRANGEMENTS. THE MOTHER HAD ONLY SIGNED THE RELEASE AND HAD NO OTHER INVOLVEMENT IN ARRANGEMENTS. I CONTACTED TAMARA BONILLA TO DISCUSS THE ISSUE OF THE BRAIN AND TO ASK HER ABOUT HER MOTHER. SHE STATED THAT THEIR MOTHER WAS NOT IN THEIR LIVES AND THAT SHE HAD NO INVOLVEMENT IN ARRANGEMENTS AND THAT I WOULD BE LUCKY TO HEAR BACK FROM HER. I ASKED HER WHAT SHE WOULD LIKE DONE WITH THE BRAIN AFTER WE WERE DONE WITH OUR ADDITIONAL EXAMINATION. SHE STATED THAT WE COULD DISPOSE OF IT AS MEDICAL WASTE AND THAT SHE DID NOT WANT TO HOLD OFF ON FUNERAL ARRANGEMENTS FOR THAT.

SUPPORTING CASE DOCUMENTATION:

COPY OF DEATH CERTIFICATE, AUTOPSY REPORT, AND TRANSFER OF JURISDICTION SAVED TO DOCUMENTS SECTION OF CASE FILE.

CASE STATUS:

CLOSED.

RUSCOE 5740/08-03-2017 LR

***** APPROVED BY S-8 11/17/2017 *****